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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Group Art Unit 3724

In re

Patent Application of

Jeffrey M. Zeiler, et al.

Application No. 10/614,528

Confirmation No.: 9124

Filed: July 7, 2003

Examiner: Douglas D. Watts

"MOVABLE HANDLE FOR A POWER TOOL"

I, Teresa M. Thelen, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

*Teresa M. Thelen*

Signature

9/16/04

Date of Signature

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Terminal Disclaimer in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							
	(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
	TOTAL CLAIMS	20	MINUS	20	0	X \$18	0.00
	INDEP. CLAIMS	4	MINUS	3	1	X \$86	86.00
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT ----□		86.00	

**A check in the amount of \$86.00 is attached.**

In the event Applicant has overlooked the need to request an extension of time, please consider this a request for the same.

Charge or credit Deposit Account No. 13-3080 with any shortage or overpayment of the fees associated with this communication. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Paul M.', followed by a long horizontal flourish.

Paul M. McGinley  
Reg. No. 55,443

File No. 066042-9216-03

Michael Best & Friedrich LLP  
100 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-4108  
(414) 271-6560

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Signature

*9/16/04*  
\_\_\_\_\_  
Date of Signature

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication responds to the Office action mailed June 16, 2004 and is filed within the three-month shortened statutory period for reply. Please charge any required fees or credit any overpayment to Deposit Account No. 13-3080.

Please amend the application as follows:

**Amendment to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

**Conclusion** begins on page 10 of this paper.